

Jim Wilcox, Manager, Government & Regulatory Affairs 500 West Russell Street P.O. Box 988 Sioux Falls, SD 57101-0988 Telephone (605) 339-8350 fax 612/573-9083 internet - james.c.wilcox@xcelenergy.com

February 27, 2006

Ms. Patty VanGerpen, Executive Director South Dakota Public Utilities Commission State Capitol Building 500 East Capitol Avenue Pierre, South Dakota 57501-5070 MAR 0 2 2006

SOUTH DAKOTA PUBLIC UTILITIES COMMISSION

Dear Ms. VanGerpen:

In accordance with Docket EL91-004 and EL04-028, enclosed please find Xcel Energy's report on 2005 economic development activities.

The report is organized as follows: The first page reiterates the budget that was planned for the year 2005. The second page depicts the actual economic development investments that Xcel Energy made in 2005. The third page provides a planned budget that Xcel Energy plans for 2006. The pages following those provide documentation as requested of the actual expenses that Xcel Energy incurred in this program in 2005.

Xcel Energy respectfully requests approval of our 2005 report and the 2006 economic development budget.

If anyone has any questions, please call me at 339-8350.

Sincerely,

Jim Wilcox



Economic Development Investments	Actual 2005
Minnehaha County Economic Development Association (MCEDA)	\$ 10,000
Lincoln County Economic Development Association (LCEDA)	\$ 15,000
Small Business Development Center	\$ 10,000
Southeastern SD Development Foundation	\$ 10,000
SD Technology Business Center (Incubator) Copier	\$ 5,000
GOED Conference G.O.L.D. Program Award Co-Sponsor	\$ 1,500
SD Chamber of Commerce and Industry - CEO Roundtable ED Research	\$ 10,000
Sioux Falls Development Foundation - Membership Dues	\$ 1,500
SD Chamber of Commerce and Industry ABEX Awards	\$ 1,000
Minnehaha County - Light the Old Courthouse Museum	\$ 1,000
Mainstreet Sioux Falls - State Theater	\$ 5,000
Rural Development Program - Worthing	\$ 2,000
Rural Development Program - Centerville	\$ 1,000
Rural Development Program - Tea	\$ 1,000
Rural Development Program - Canistota	\$ 1,000
Rural Development Program - Emery	\$ 1,000
Rural Development Program - Fulton	\$ 500
Rural Development Program - Monroe	\$ 500
Rural Development Program - Alexandria	\$ 1,000
Rural Development Program - Bridgewater	\$ 1,000
Rural Development Program - Marion	\$ 1,000
Rural Development Program - Lennox	\$ 2,500
University of Sioux Falls "Strive to Thrive" program - Canton	\$ 5,000
SDML Conference Sponsorship	\$ 1,000
SFDF - SD Certified Beef Event	\$ 1,500
Rural Development Program - Canton Industrial Park - 5 year pledge	\$ 5,000
University of Sioux Falls "Strive to Thrive" program - Marion	\$ 5,000
Total 2005 Economic Development Totals	\$ 100,000

Feb 27, 2006 Jim Wilcox



South Dakota

Economic Development Budget	2005
	Budget
Minnehaha County Economic Development Association (MCEDA)	\$ 10,000
Lincoln County Economic Development Association (LCEDA)	\$ 15,000
Xcel Energy "Economic Assistance" Program	\$ 43,500
Small Business Development Center	\$ 10,000
Rural Community Support	\$ 20,000
GOED Conference G.O.L.D. Program Award Co-Sponsor	\$ 1,500
Total 2005 Economic Development Budget Total	\$ 100,000

Mar 23, 2005 Jim Wilcox



Xcel Energy Economic Development Budget	2006
	Budget
Minnehaha County Economic Development Association (MCEDA)	\$ 10,000
Lincoln County Economic Development Association (LCEDA)	\$ 15,000
Xcel Energy "Economic Assistance" Program	\$ 43,500
Small Business Development Center	\$ 10,000
Rural Community Support	\$ 20,000
GOED Conference G.O.L.D. Program Award Co-Sponsor	\$ 1,500
Total 2006 Economic Development Budget Total	\$ 100,000

Feb 27, 2006 Jim Wilcox

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Page 1 of 1

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605-339-8357

Phone No

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Admin Asst

605-339-8357

Signature (required)

Title SD Mgr of Gov & Reg Se Phone No 605-339-8350

Title

Phone No

"Voice of South Dakota Business"
PO BOX 190 - 108 N. EUGLID AVENUE - PIERRE: SOUTH DAKOTA 57501-0190
(605:224-6161- PAX 605-224-7.198: contactus@sdchamber.biz

Xcel Energy Jim Wilcox Manager PO Box 988 Sioux Falls SD 57101-0988 Invoice

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805002	723830	ON FILE AND	If mor	res lines nec	eded, u	use add	ditional R	RFP for	rm(s) Fotal	\$1,000.00				
805002	723830 NDERSTANDING ONG YES THE APPR	ON FILE AND	If mos BACK-UP EES TO HA	res lines nec	eded, u	use add	ditional R Your /AlLABLE	RFP for	rm(s) Fotal Y DITORS	\$1,000.00 \$1,000.00 es No				
805002	723830 NDERSTANDING O	ON FILE AND	If more	res lines nec	eded, u	use add	ditional R Your /AlLABLE	RFP for 7	rm(s) Fotal Y DITORS	\$1,000.00 \$1,000.00 es No				
BY CHECKIN	723830 NDERSTANDING OF THE APPR Request Mary E	ON FILE AND ROVER AGRI stor's Infor	If more	res lines nec	eded, u	LED AT TION AV	ditional R Your /AlLABLE	RFP for To Aui	rm(s) Fotal Ver's Inferes Wer's Wer	\$1,000.00 \$1,000.00 es No				
B05002 LETTER OF UNOFFICE: BY CHECKIN Print Name Employee Id/Acid Full signature	723830 NDERSTANDING OF THE APPR Request Mary E	ON FILE AND ROVER AGRI stor's Infor Ellen Hut HTCM01	If more	DOCUMENTA	Prin Nam Emp Id/A	LED AT TION AV thee bloyee cid	ditional R Your /AILABLE	RFP for To Aui	rm(s) Fotal Ver's Inferes Wer's Wer	\$1,000.00 \$1,000.00 es No ormation (ilcox				
B05002 LETTER OF UNOFFICE: BY CHECKIN Print Name Employee Id/Acid Full	723830 NDERSTANDING OF STATE APPRENT PROPERTY FOR MARY EMPTY EMPT	ON FILE AND ROVER AGRI stor's Infor Ellen Hut HTCM01	If more BACK-UP EES TO HAT The Chison	DOCUMENTA	Prin Nam Emp Id/A	LED AT TION AV t ne ployee cid ature uired)	ditional R YOUR VAILABLE WLC. 1	RFP for To Aug	rm(s) Fotal Ver's Inferes W	\$1,000.00 \$1,000.00 es No ormation (ilcox				

TWO DIFFERENT SIGNATURES ARE REQUIRED REGARDLESS OF AMOUNT
Page 1 of 1
Accounts Payable Xcel Energy(rindee) (Form 17,792)

REQUEST FOR PAYMENT FORM

			Pa	ay Re	ef Number (Al	P Use Only)								
Date of Request		14/200)5		Vendor Code			Invoid Date	e	10/2	2/200)4		
Invoice #	10			Pa	heduled syment Date	3/17/200		payme				Yes 🔀 N		
		uting in	structi	ons i	if check to be	e mailed to di below)	fferent	than v	endor re	mit a	ddress	s (design	ate	
Route Check To:	k													
Location														
Payment is for:(Dropdow	n)	t fam Dei		- 1		nt is the payme			•					
*Reminder: Reque	eques st for	Paymen	/ments t guide	snou line o	on webpage: ht	to purchase n ttp://xpressnet/a	nateriais	s and/or /able/inde	services ex.htm	. Pleas	e cont	act your m	anager	
Company		NSW	N	ISM	PSC	СНҮ		SPS	XLS	6	НА	AY OT	HER	
Payee Name				Li	ight the O	ld Courth	ouse	Muse	um					
Payee Mailir	ng A	ddress		122 S Phillips Avenue										
Payee City,	State	e, Zip		Si	ioux Falls,	SD 5710	4	-						
General Lec	dger	Descrip	tion:	E	D-Lght the	Old Cour	hous	e Mus	eum F	Pledg	e Dri	ive		
Comments printed on o			to be	E	D-Lght the	Old Cour	hous	e Mus	eum F	Pledg	e Dri	ive		
					JDE	Account Nu	mber							
BU		bj Acct		Subsi	id Sı	ubldgr	SL	Т	Cost O	bj & T	уре		Amt	
805002	7	23830										\$1,0	00.00	
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			-+											
							<u> </u>							
					If mo	ores lines nee	eded, u	ise add	litional F	RFP fo	orm(s) Tota l		00.00	
LETTER OF U	NDER	STANDII	IG ON	FILE /	AND BACK-UP	DOCUMENTA	TION FI	LED AT	YOUR			1		
OFFICE: BY CHECKII	NG YE	ES THE A	(PPRO)	/ER A	AGREES TO HA	VE B/U DOCU	MENTA	TION AV	'AILABLE	TO A	UDITO	Yes RS	No	
					nformation							Informat		
Print Name	e	Ма	ry Ell	en l	Hutchison		Prin Nam	-		Ja	ames	Wilcox		
Employee Id/Acid			H	TCN	ЛО1	PAGE - 1		oloyee	WLC 1	J0	BU	C FO	Delivery	
Full signature (required)	7.	Nary	ĘM	, ~ ×	Intehisor	n		nature uired)/	Aa		11	las	0	
Title	\top		Δdmi	nΔs	ssistant		Title		Mar	of G	S.vo	2 Pod S	onvices	

TWO DIFFERENT SIGNATURES ARE REQUIRED REGARDLESS OF AMOUNT
Page 1 of 1

605-339-8357

Phone No

Phone No

605-339-8350

REQUEST FUR PAYMENT FURIN

			Pay	Ref N	lumber (AP	Use On	ly)							
Date of Request	9/1/2	005		Ve	ndor de	MAIN	STSF		Invoi	ce Date	9/1/	2005		
Invoice #	9010	5		Sche	duled nent Date					s a one- nent?	time		Yes	No
Intercom	pany ro	outing in	nstructi		check to be			ferent			mit ad	dress	(desi	gnate
Route Chec	k					below	<u>') </u>				 -			
Location														
Payment is for:(Dropdo		Other			f other, wh	at is the	paym	ent	Ecor	omic De	velop	ment		
*Reminder: manager or	Reques	t for Pa quest fo	yments or Paym	shou ent g	ld not be u uideline on	sed to p webpag	urcha je: <u>htt</u>	se mat p://xpre	erials a	and/or se acctspaya	ervices able/ind	s. Pleas dex.htm	e cor	ntact your
Company	∏ N	ISW	Ns	М	PSC		CHY		SPS	XI	.s	П	AY	OTHER
Payee Name				Main	Street Sio	ıy Falls								
Payee Maili		roce			S Phillips A		· · · · · · · · · · · · · · · · · · ·							
					•									
Payee City,				Siou										
General Le	dger De	scriptio	n:	Ecor	nomic Deve	lopmen	t							
Comments printed on	to Supp check)	olier (to	be	Ecor	nomic Deve	lopmen	t	•						
					JD	E Accou	ınt Nu	mber						
BU		j Acct	Sı	ıbsid	S	ubldgr		SL	T	Cost (Obj &	Гуре		Amt
805002	72	23830												\$5,000.00
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						If mo	res line	s need	led, use	addition	al RFF	form(s Tota	, i	\$5,000.00
LETTER OF	IINDEP	STANDI	NG ON	FII E	AND BACK	IIP DOG	: IME	VT A TIC	א ביי י	-D AT				
YOUR OFFIC	CE:				GREES TO						LABL	E TO A	Ye UDIT	-) 140
		Re	questor	's Info	rmation			Γ			Apr	rover's	Info	rmation
Print Nam	е		lary Elle					Prin Nan	_			James		
Employee Id/Acid			НТ	CM01					oloyee	WLC	J01	BU C FO Delivery		
Full signature	71	Tury	Elle.	r th	stehiso	,		Full sign	ature	A	(//	/18	2	·~
(required) Title		_[_	Admin					(req	uired)	(SD Mai	nager o	f Gov	vernment &
Phone No.			605-	339-83	157				ne No	¥`		egulato	ry Se	rvices

1		•	**********	1 VX 1 A 1 III		,				
		Pay Ref N	umber (AP	Use Only)						
te of	3/3/2005		ndor	WhOTHE	CODE	oice Date				
equest nvoice #		Cod	luled	3/15/2005		this a one-time	Yes	No		
Intercom	pany routing in		ent Date check to be	mailed to dif		yment? vendor remit ad	<u> </u>			
				below)						
Route Checl Fo:	k Mary Th	oen		, ·						
_ocation	Sioux F	alls Service C	enter							
Payment is for:(Dropdo	Other wn)		f other, wha or:	it is the paym	ent Ec	onomic Develop	ment			
Reminder:	Request for Pa	yments shoul r Payment gu	d not be us ideline on v	ed to purcha webpage: <u>htt</u>	se material o://xpressne	s and/or services t/acctspayable/ind	s. Please co dex.htm	ontact your		
Company	Nsw	NSM	NSC PSC	СНУ	SPS	XLS	НАҮ	OTHER		
Payee Name	e	Wort	hing Econo	mic Develop	nent Corpo	ration				
Payee Maili	ng Address	P.O.	Box 277	 			<u></u>			
Payee City,	State, Zip	Wort	hing, SD 57	7077-0277						
General Lec	dger Descriptio	n: ED -	South Dako	ta Signage						
Comments printed on o	to Supplier (to check)	be Signa	age		***	7/16				
			JDE	Account Nu	nber					
BU	Obj Acct	Subsid	Su	ıbldgr	SLT	Cost Obj & 1	Гуре	Amt		
805002	723830							\$2,000.00		
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****							1/0-	^		
						2-	1			
							1st			
			 		-		7-1			
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				If mores line	s needed, u	se additional RFF	form(s) Total	\$2,000.00		
ETTER OF	UNDERSTANDI	NG ON FILE A	ND BACK-	UP DOCUMEN	TATION FI	LED AT		res No		
		APPROVER A	GREES TO	HAVE B/U DC	CUMENTA	TION AVAILABL	الاسسما			
	Rec	uestor's info	rmation	1	Approver's Informat					
Print Name		Mary E. Tho			Print			Jim Wilcox		
Employee		thnm01			Name Employe	BU	U C FO Delivery			

	Requestor's Information
Print Name	Mary E. Thoen
Employee Id/Acid	thnm01
Full- signature (required)	Mary Thoen
Title	Community Relations Rep
Phone No	605-339-8355

		Apı	prover's	Information
Print Name			Jim	Wilcox
Employee ld/Acid	wic	;j01	BU	C FO Delivery
Full signature (required)	4	10	1/0	Leax
Title		igr. G	ov't & R	egulatory Affairs
Phone No			605-3	39-8350

KEROFOLLOK UVLIMITMENT LOKIM

Date of Request	9/2/	2005	Vendor	Code	cent	earefo	Invoice Date 3/28/2005			
Invoice #			Schedul		9/15	/2005	Is this a one-f	ime	Yes	No
Intercompa	ny ro	uting instruc	Paymen		ed to	different than	payment? vendor remit ad	dress (c		
Route Check To	o:	Mary Thoe	 n							
Location		Sioux Falls		enter						
Payment is		Other			Econ	omic Develop	ment			
for:(Dropdown) If under \$1,500,	does	s the vendor a		yment for:						·
•			•			es No Com	nments: ices. Please contac	t vour ma	nader or c	00
Request for Payn	nent g	uideline on we	page: <u>http://xr</u>	oressnet/accts	payab	ole/index.htm	. 12402 0011140	c your me	mager or s	ce
Company	NS	sw 🔲 ns	M Ps	sc s	PS	XLS	НАҮ	OTH	IER	
Payee Name			Centerv	ille Area F	oun	ndation				
Payee Mailing	Addre	ess	P.O. Bo	x 339					· · ·	
Payee City, Sta	te. 7i	in	Conton	illo CD "	704	1				
		•		rille, SD 5						
General Ledge		<u>.</u>	New ho	ment						
Comments to S printed on che		lier (to be	New Ho	ousing			C&FO Workorder/ WO Task			
				JDE Accour	nt Nur	mber				
BU		j Acct	Subsid	Subld	gr	SLT	Cost Obj & T	уре		Amt
805002	72	3830							\$1,0	00.00
										
							<u> </u>			
		lf mo	es lines neec	led, use ado	lition	al RFP form(s)	Total	\$1,	00.00
LETTER OF UNDE							R OFFICE LE TO AUDITORS)	·		
(B) ONEONING TE	3 111				VIE (V) /	ATTON AVAILAB			<u> </u> Y	
Print Name			estor's Inforn ary E. Tho		-	Print Name	Apı		Informati Vilcox	on
Employee Id/A	\cid	IV			_	Employee	1 :04			FO Delivery
			thnm01			Employee Id/Acid	wlcj01	B	su c	FO Delivery
Full signature (required)		Mar	y Thou	n		Full signatur (required)	* ACU	10	1 10x	C
Title		Comm	inity Relati	ons Rep		Title	Mgr. Gov	't. & R	egulato	ry Affairs
Phone No		6	05-339-83	55		Phone No		605-33	39-8350	
<u> </u>	_					Date Signed				

VEROFOLL OF LUTIMIFIAL LOUM

Date of (9/2/2	2005		Vendor C	ode	teaa	are	eacom	Invoice Date		3/28/20)05
invoice #				Schedule Payment		9/15	5/2	2005	Is this a one-	ime	Yes	No
Intercompar	ıy roı	uting instru	ction			iled to	d	ifferent than v	endor remit ad	dress (d		below)
Route Check To	:	Mary Tho	en				-					
Location		Sioux Fal	ls S	Service C	enter							
Payment is for:(Dropdown)	1	Other			r, what is yment for:	Econ	101	nic Developm	ent			***
If under \$1,500,	does	the vendor	acc			Y	/es	No Comm	nents:			
*Reminder: Reque Request for Paym	est for ent gu	Payments st uideline on w	ould ebpa	not be used ge: <u>http://xp</u> i	to purchase ressnet/acct	mater tspayab	ial ble	s and/or service /index.htm	es. Please contac	t your ma	nager or se	ee
Company	่ทร	w 🔲	ISM	PS	с [SPS		XLS	HAY	ОТІ	łER	
Payee Name				Tea Area	a Comm	unity	F	oundation				
Payee Mailing A	ddre	ss		P.O. Box								
Payee City, Stat	te, Zi _l	p		Tea, SD	57064							
General Ledger	Desc	cription:		Park & r	ecreatio	n imp	00	rvements				
Comments to S printed on chec		ier (to be		Park & r	ecreatio	n imp	ord	ovements	C&FO Workorder/ WO Task			
				,	JDE Accou	ınt Nu	ml	ber				
BU	Obj	Acct	S	ubsid	Subl	dgr		SLT	Cost Obj & T	уре	F	\mt
805002	72	3830									\$1,0	00.00
												
												···
		lf m	ores	lines need	ed, use ad	ldition	al	RFP form(s)		Total	\$1,0	00.00
LETTER OF UNDER												es No
		Red	uesi	tor's Inform	ation	7	Г		Ap	rover's	Information	
Print Name				y E. Thoe			Ī	Print Name	7.7		Vilcox	<u>~</u>
Employee ld/A			1	thnm01				Employee ld/Acid	wlcj01	E	SU C	FO Delivery
Full signature (required)		Mar	u	Tho	211			Full signature (required)	Accu	ul.	EX.	***
Title		Comn	Juni	ity Relation	ons Rep		-	Title	Mgr. Gov	r't. & R	egulator	y Affairs
Phone No			605	5-339-835	55			Phone No		605-33	39-8350	
		<u> </u>						Date Signed		****		

IVEROFOL LOW LUTINIFIAT LOWN

Date of Request	9/2	2/2005		Vendor	Code	city	ofcani	Invoice Date 3/28/2005				
Invoice #				Schedu Paymer	nt Date		5/2005	Is this a one-		Yes No		
Intercomp	any r	outing in	struction	ns if check	is to be ma	iled to	o different than	payment? vendor remit ac	ddress	(designate below)		
Route Check 1		Mary 1										
Location		Sioux	Falls S	Service (Center							
Payment is for:(Dropdown)		Other		the p	ег, what is ayment for:	Econ	nomic Developn	nent				
If under \$1,500				ept credit	card?		Yes No Comr	nents:				
*Reminder: Request for Pay	uest f ment	or Payment guideline o	ts should n webpa	not be use ge: http://x	d to purchase pressnet/acct	mater spayal	-i-l <i>!!</i>	es. Please contac	et your m	nanager or see		
Company	N	sw [Nsm	Ps	sc s	SPS	XLS	HAY	ОТ	HER		
Payee Name				City of 0	Canistota							
Payee Mailing	Addı	ess		P.O. Bo	x 67							
Payee City, St	ate, Z	lip		Canisto	ta, SD 57	7012	-0067					
General Ledge	er Des	scription:		Beautify	Main Str	eet -	- flags, bann	ers				
Comments to printed on che		lier (to be		Beautify	/ Main Str	eet		C&FO Workorder/ WO Task				
					JDE Accou	nt Nur	mber					
805002		j Acct	Sı	ıbsid	Subld	gr	SLT	Cost Obj & T	уре	Amt		
803002		23830								\$1,000.00		
							1 1		1	1		
		lf	mores I	ines need	ed use add	litiona	I REP form(s)		-			
							al RFP form(s)		Total	\$1,000.00		
LETTER OF UNDE BY CHECKING YE	RSTA ES THI	NDING ON	FILE AND) BACK-IIB	DOCUMENTA	TION	TU ED AT VOLUE	FFICE TO AUDITORS)	Total	\$1,000.00		
LETTER OF UNDE BY CHECKING YE Print Name	RSTA ES THI	NDING ON E APPROVE	FILE AND ER AGRE equesto	D BACK-UP ES TO HAV or's Informa	DOCUMENTA E B/U DOCUM ation	TION F	TU ED AT VOLUE	TO AUDITORS)	rover's	Yes No		
L CHECKING TE	20 111	NDING ON E APPROVE	FILE AND ER AGRE equesto Mary	D BACK-UP ES TO HAV	DOCUMENTA E B/U DOCUM ation	TION F	FILED AT YOUR C	App		Yes No Information VIICOX		
Print Name Employee Id/A	Acid	NDING ON E APPROVE R	FILE AND ER AGRE equesto Mary th	D BACK-UP ES TO HAVI Pr's Informa E. Thoe	DOCUMENTA E B/U DOCUM ation	TION F	FILED AT YOUR OF TION AVAILABLE Print Name Employee Id/Acid Full signature	TO AUDITORS)	rover's Jim W	Yes No Information VIICOX		
Print Name Employee Id/A Full signature (required)	Acid	NDING ON E APPROVE	FILE AND ER AGRE equesto Mary th	D BACK-UP ES TO HAVI or's Informa E. Thoe Inm01	DOCUMENTA E B/U DOCUM ation	ATION F	FILED AT YOUR OF TION AVAILABLE Print Name Employee Id/Acid Full signature (required)	App	rover's Jim W	Yes No Information VIICOX		
Print Name Employee Id/A Full signature (required)	Acid	NDING ON E APPROVE	FILE ANTER AGREE equesto Mary th	D BACK-UP ES TO HAVI Pr's Informa E. Thoe Inm01	DOCUMENTA E B/U DOCUM ation PIN	TION F	FILED AT YOUR OF THE	App Wlcj01	rover's Jim W	Yes No Information VIICOX		
Print Name Employee Id/A Full signature (required)	Acid	NDING ON E APPROVE	FILE ANTER AGREE equesto Mary th	D BACK-UP ES TO HAVI or's Informa E. Thoe Inm01	DOCUMENTA E B/U DOCUM ation PIN	TION F	FILED AT YOUR OF TION AVAILABLE Print Name Employee Id/Acid Full signature (required)	Wlcj01 Mgr. Gov't	Jim W	Yes No Information VICOX U C FO Delivery		

VEROFOLLOV LULIMENT LOUN

Date of Request	9/2/2	2005	Vendor Code	(cityc	ofemer	Invoice Date		
Invoice #			Scheduled Payment Date	į	9/15	5/2005	Is this a one-t	ime	Yes No
Intercompa	ny rou	uting instruction	Payment Date ns if check is to		ed to	different than v	payment? endor remit ad	dress (c	designate below)
Route Check To		Mary Thoen							
Location									
Payment is		Sloux Falls S	Service Cente		= - an	1. Davidami			
for:(Dropdown)	}		the paymen	nt for:	COII	omic Developme	ent		
			cept credit card?	1 [Y	es No Comm			
*Reminder: Reque Request for Paym	est for i nent gu	Payments should aideline on webpa	d not be used to pu age: http://xpressn	irchase n iet/acctsr	nateri payab	als and/or service le/index.htm	s. Please contac	t your ma	inager or see
Company	NSV	w Nsw	PSC	SI	PS	XLS	HAY	ОТН	IER
Payee Name			City of Emer	ry					
Payee Mailing A	Addres	ss	P.O. Box 38	3					
Payee City, Sta	ite. Zir	n	Emery, Sou	th Dal	coto	E7333			
				(I) Dan	(Ota	5/332			
General Ledger		-	Signage						
Comments to S printed on chec		er (to be	Signage				C&FO Workorder/ WO Task		
			JDE	Account	t Nur	nber			
ви	Obj	Acct S	Subsid	Subidg	jr	SLT	Cost Obj & T	уре	Amt
805002	723	3830							\$1,000.00
						-			
		'f area		1.1					
		If mores	s lines needed, u	ise addi	tiona	al RFP form(s)		Total	\$1,000.00
ETTER OF UNDE	RSTAN ES THE	IDING ON FILE AN	ND BACK-UP DOCU REES TO HAVE B/U	UMENTA J DOCUM	TION	FILED AT YOUR O	FFICE TO AUDITORS)		Yes No
		Reques	tor's Information	n	7 [T App	rover's	Information
Print Name			y E. Thoen		1	Print Name		Jim V	
Employee Id/A	Acid		thnm01		1	Employee ld/Acid	wlcj01	В	
Full signature (required)	,	Mary	. 12		1	Full signature (required)	AM	11.0	1
Title				n	1	Title	1/1/00	10	COX
		Communi	ity Relations I	Rep	1		<u> </u>		egulátory Affairs
- COOP NO		205			- 1				
Phone No		605	5-339-8355 			Phone No	6	305-33	9-8350

VERAFFALL ON LUMBER 1 1 COM

Date of Request	9/2/200	05	Vendor	Code	town							
Invoice #			Schedul Paymen	t Date		2005	Is this a one-f		Yes No			
Intercompai	ny routin	ng instruction	ns if check	is to be mail	led to d	different than v	endor remit ad	dress (c	designate below)			
Route Check To	· Ma	ary Thoen										
Location	Sic	oux Falls S	Service C	enter								
Payment is for:(Dropdown)	Othe		the pa	yment for:	Econo	mic Developm	ent		-i			
lf under \$1,500,				1	Ye		ents:					
*Reminder: Reque Request for Paym	est for Pay ent guide	yments should line on webpa	not be used ge: <u>http://xp</u>	I to purchase ressnet/accts	materia payable	ls and/or service e/index.htm	es. Please contac	t your ma	mager or see			
Company	Nsw	MsM	PS	c s	PS	XLS [НАУ	ОТН	IER			
Payee Name			Town of	Fulton								
Payee Mailing A	ddress		P.O. Bo	x 46								
Payee City, Stat	te, Zip		Fulton, S	SD 57340)							
General Ledger	Descrip	tion:	Update	Town Hal	l							
Comments to Supplier (to be printed on check) Update Town Hall Workorder/ WO Task												
				JDE Accour	nt Num	ber						
BU	Obj Ac		ubsid	Subld	gr	SLT	Cost Obj & T	уре	Amt			
805002	72383	30							\$500.00			
						-						
		If mores	lines need	ed, use add	itional	RFP form(s)		Total	\$ 500.00			
LETTER OF UNDER	RSTANDIN	IG ON FILE AN	ID BACK-UP	DOCUMENTA	TION F	ILED AT YOUR C	PFFICE					
(BY CHECKING YES	S THE AP				IENTAT	TON AVAILABLE	TO AUDITORS)		Yes No			
Print Name			or's Inform y E. Thoe			Print Name	Арр		Information			
Employee Id/A	cid				1 L	Employee		Jim V				
Employee Id/Acid thnm01 Full signature						ld/Acid Full signature	wlcj01	BI	U C FO Delivery			
(required)		Mary Communi	Those	u		(required)	HCC	/1	Cox			
Title		Communi	ty Relatio	ns Rep		Title	Mgr. Gov'	t. & Re	egulatory Affairs			
Phone No		605	-339-835	55		Phone No			9-8350			
					Date Signed							

MEMOFOLL ON LUTHING LACKING

Date of 9/2 Request	2/2005	Vendor Code	cityc	ofmonr	Invoice Date				
Invoice #		Scheduled Payment Date	9/15	5/2005	Is this a one-tin	ne Yes No	0		
Intercompany r	outing instruction	1	nailed to	different than v		ress (designate below	v)		
Route Check To:	Mary Thoen								
Location	Sioux Falls 5	Service Center							
Payment is for:(Dropdown)	Other	If other, what is the payment for		nomic Developme	ent		$\neg \neg$		
If under \$1,500, doe	es the vendor acc		-	Yes No Comm	ents:				
*Reminder: Request for Request for Payment	or Payments should guideline on webpa	d not be used to purcha age: http://xpressnet/ac	ase materi	rials and/or service		your manager or see	<u></u>		
Company N	msu Nsw	PSC	SPS	XLS	НАУ	OTHER			
Payee Name		City of Monroe							
Payee Mailing Add	ress	P.O. Box 4							
Payee City, State, 2	Zip	Monroe, SD 5	7057						
General Ledger De	scription:	Community Ce	enter - r	replace ceilin	g tiles				
Comments to Support printed on check)	plier (to be	Community Ce			C&FO Workorder/ WO Task				
		JDE Acc	count Nur	mber	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	,	Subsid Su	ıbldgr	SLT	Cost Obj & Tyլ	pe Amt			
805002 7	723830					\$500.00)		
	lf oro	"	· 1141 a.m.	1777 (-)		* #20 00			
	IT Mores	s lines needed, use	addition	al RFP torm(s)	<u></u>	Total \$ 500.00	<u>) </u>		
		AND BACK-UP DOCUME REES TO HAVE B/U DO				Yes	No		
		stor's Information				over's Information			
Print Name		ry E. Thoen		Print Name		Jim Wilcox			
Employee Id/Acid		thnm01		Employee Id/Acid	wlcj01	BU C FO De	livery		
Full signature (required)	Man	Thoen	/	Full signature (required)	ACC	Max			
Title		hity Relations Re	р	Title		. & Regulatory Af	fairs		
Phone No	60	5-339-8355		Phone No	60	05-339-8350			
				Date Signed	***************************************				

NEW DEGLE ON FAIRILISE FORM

of 6/	7/2005	Vendor Co	ode ci	tyc	falex	Invoice Date		·····			
Invoice #		Scheduled Payment D		15	/2005	Is this a one-t	ime	×	es N	lo	
Intercompany	routing instruction			to	different than v	endor remit ad	dress (design	ate belo	w)	
Route Check To:	Mary Thoer										
Location	Sioux Falls	Service Ce	nter								
Payment is for:(Dropdown)	Other	If other, the payn) - 1	125 th Celebration	1					
lf under \$1,500, do		-			es No Comm						
*Reminder: Request Request for Paymen	for Payments shou t guideline on webp	d not be used to age: <u>http://xpre</u>	purchase ma ssnet/acctspa	teri yab	als and/or service le/index.htm	s. Please contac	t your m	anager	or see		
Company	nsu <u>N</u> usn	PSC	SPS	3	XLS [НАУ	от	HER			
Payee Name		City of Ale	exandria								
Payee Mailing Add	dress	P.O. Box	430								
Payee City, State,	Zip	Alexandri	a, SD 57	31	1				——————————————————————————————————————	,	
General Ledger D	escription:	125 th Cele	ebration				****				
Comments to Supplier (to be printed on check) 125 th Celebration C&FO Workorder/ WO Task											
		J	DE Account	Nur	nber						
		Subsid	Subldgr		SLT	Cost Obj & T	уре		Amt		
805002	723830								\$1,000.	00	
						2.05		<u> </u>			
						6-8-05 John		 -			
						Jake					
								-			
	If more	e linee noodor	d 1165 544jt	ore	al RFP form(s)		Total		¢4 000	00	
	ii iiioie	s illes lieeded	i, use additi	UH	arker lumi(s)		Total		\$1,000.	UU	
LETTER OF UNDERS (BY CHECKING YES									Yes	No	
		stor's Informat				Арј	orover's				
Print Name	Ma	ry E. Thoer	1		Print Name		Jim \	Wilco:	X		
Employee ld/Aci	d	thnm01			Employee Id/Acid	wlcj01		ви	C FOD	elivery	
Full signature (required)	Mary	Thoe	n		Full signature (required)	Aca	1	0	∞		
Title	Commu	nity Relation	ns Rep		Title	Mgr. Gov	't. & F	Regula	atory A	ffairs	
Phone No	60	5-339-8355	5		Phone No		305-3	39-83	50		
<u> </u>				ı	Date Signed						

IVERAFIA LI OIV LATIMENTI TOIVM

equest	6/7/	/2005		Vendor (cit	tyc	ofbi	rid	Invoice Da	ate				
Invoice #				Schedul Paymen	t Date		•	_	005	Is this a o payment?			N		No
Intercomp	any ro	outing inst	tructio	ns if check	is to be n	nailed	to	dif	ferent than	vendor remi	t adc	iress	(design	ate be	low)
Route Check	То:	Mary T	hoen												
Location		Sioux F	alls S	Service C	enter										
Payment is for:(Dropdown)		Other			er, what is syment for) - 1	125	^h Celebratio	n					
If under \$1,50				-		TE		es	No Comi						
*Reminder: Rec Request for Pay	uest fo ment g	r Payments juideline or	should webpa	d not be used age: <u>http://xp</u>	l to purcha ressnet/a	se ma cctspa	iteri yab	ials le/ir	and/or servic ndex.htm	es. Please co	ntact	your m	anager	or see	
Company	N:	sw 🔀	Мѕи	PS	ic [SPS	 } 		XLS	НАҮ	L	ТО	HER		
Payee Name				City of E	Bridgew	ater									<u>·</u>
Payee Mailing	Addr	ess		P.O. Bo	x 200										
Payee City, S	tate, Z	ip		Bridgew	ater, S	D 57	73	19	•				····		
General Ledg	er Des	scription:		125 th Ce	elebrati	on						· · · · · ·			
Comments to Supplier (to be printed on check) 125 th Celebration C&FO Workorder/ WO Task															
					JDE Acc	ount N	Vur	nbe	er						
BU		j Acct	s	ubsid	Su	bldgr			SLT	Cost Obj	& Ty	/pe		Am	
805002	12	23830												\$1,000	0.00
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	 												-		
		11	mores	lines need	led, use a	additio	ona	al R	FP form(s)	-		Total		\$1,000	0.00
LETTER OF UND (BY CHECKING	ERSTA	NDING ON E APPROVI	FILE A	ND BACK-UP REES TO HAV	DOCUME	NTATIO	ON NT#	FIL	ED AT YOUR IN AVAILABL	OFFICE E TO AUDITO	RS)			Yes	No
		R	eques	tor's Inform	nation		ı				App	rover's	s Inforn	nation	
Print Name			Mar	y E. Tho	en			Pr	int Name			Jim \	Wilco:	X	_
Employee Id				thnm01				ld	nployee /Acid	wlcjC)1		BU	C FO	Delivery
Full signatur (required)	e	43	1226	1 The	sen/	/			ıll signature equired)	All	W	N	6	\sim	
Title		Con	nmun	ity Relatio	ons Re	p		Ti	tle	Mgr. G	ov'	t. & F	Regula	atory /	Affairs
Phone No			608	5-339-835	55			PI	one No		6	05-3	39-83	50	
<u> </u>					·			D	ate Signed	1					

NEGOFOLL ON LYLINIFIAL LOUNI

Date of 6	/7/2005		Vendor C	Code	nar	iodevfo	Invoice Date	-		
Request Invoice #			Scheduled 6/15/2005		Is this a one-ti	me	Yes	No		
Intercompany	routing instr	uction	Payment is if check i		ed to	different than v	payment? /endor remit add	lress (<u> </u>	
Route Check To:	Mary Th									
Location			Service C	enter				-		· · · · · · · · · · · · · · · · · · ·
Payment is	Other		If othe	r, what is	Econ	omic Developm	ent			
for:(Dropdown) If under \$1,500, d	oes the vende	or acc		yment for:	=1	. M	 			·
*Reminder: Reques Request for Payme	t for Payments nt guideline on	should webpa	not be used ge: http://xp	to purchase r ressnet/accts	nater	es No Comnials and/or service ole/index.htm		your m	anager or se	e
Company NSW NSM PSC					28	XLS	НАУ	от	HER	
Payee Name			Marion [Developm	ent	Foundation				
Payee Mailing Ad	dress		398 Nor	th Broadw	ay .	Avenue				
Payee City, State	, Zip		Marion,	SD 5704	3					
General Ledger [Description:		Enginee	Engineer study - residential developemtn						
Comments to Su printed on check			Engineer study for development			velopment	C&FO Workorder/ WO Task			
				JDE Accoun	t Nu	mber	110 1 1 1 1			
BU	Obj Acct	S	ubsid Subldgr		SLT	Cost Obj & T	/pe	A	mt	
805002	723830								\$1,0	00.00 k
							0.05	·	- 1	21-0
							6-8.05		AN DOT	brank
							No.	100		П
							\mathcal{M}_0) _ (O V	J. John J. John J.
							72	BAN	U	000
	lf r	nores	lines need	ed, use add	ition	al RFP form(s)		Total	\$1,0	00.00
LETTER OF UNDERS (BY CHECKING YES	TANDING ON F	ILE AN	ID BACK-UP EES TO HAV	DOCUMENTA E B/U DOCUM	TION	FILED AT YOUR	OFFICE E TO AUDITORS)		Yes	s No
	Re	equest	or's Inform	ation	1		App	rover's	Informatio	n
Print Name Mary		y E. Thoe	/ E. Thoen		Print Name	Jim Wilcox				
Employee Id/Acid t		hnm01			Employee ld/Acid	wlcj01	I	BU C F	O Delivery	
Full signature (required)	477a	24	1-1200	in		Full signature (required)	Alu	10	Cax	· · · · · · · · · · · · · · · · · · ·
Title			ty Relatio		1	Title	Mgr. Gov't. & Regulatory		/ Affairs	
Phone No		605	-339-835	55		Phone No			39-8350	
L	 		·		l	Date Signed				

INEQUEST FOR EATIVIEW FOR IN

Date of 11/22/2005 Request	Vendor Code	cityoflenn	Invoice Date				
mvoice #	Scheduled Payment Date	12/15/2005	Is this a one-time payment?	Yes No			
Intercompany routing instruction		ailed to different than		designate below)			
Route Check To: Mary Thoen	j		- 175				
Location Sioux Falls	Service Center						
Payment is Other	If other, what is	Economic Develop	ment				
for:(Dropdown) the payment for: If under \$1,500, does the vendor accept credit card? Yes No Comments:							
*Reminder: Request for Payments should not be used to purchase materials and/or services. Please contact your manager or see Request for Payment guideline on webpage: http://xpressnet/acctspayable/index.htm							
Company NSW NSM PSC SPS XLS HAY OTHER							
Payee Name	City Of Lennox						
Payee Mailing Address	P.O. Box 228						
Payee City, State, Zip	Sioux Falls, SD	57039-0228					
General Ledger Description:	Lennox City Lib	rary					
Comments to Supplier (to be printed on check)	Lennox City Lib	nnox City Library C&FO Workorder/ WO Task					
	JDE Acco	ount Number					
BU Obj Acct	Subsid Sub	oldgr SLT	Cost Obj & Type	Amt			
805002 723830				\$2,500.00			
			02	1 32 W			
		23	2	13-5-5-19 N			
		11-0	100	TUA TUAN			
			w the	J. / //			
		1		app			
If more	s lines needed, use a	idditional RFP form(s	s) Total	\$2,500.00			
LETTER OF UNDERSTANDING ON FILE A (BY CHECKING YES THE APPROVER AG				Yes No			
Reque	stor's Information		Approver's	Information			
Print Name Mary E. Thoen		Print Name	Print Name Jim Wilcox				
Employee Id/Acid thnm01		Employee Id/Acid	Id/Acid WYOJO				
Full signature		Full signatu	Full signature (required)				
(required)	1 T. Posen	(required)	Made	Cor 1			
(required)	nity Relations Rep		11/000	egulatory Affairs			
Title Commun			Mgr. Gov't. & R				



Minneapolis, MN 55401 303-628-2644

Wells Fargo Bank, N.A. 115 Hospital Drive Van Wert OH 45891

Date 01/28/05

0000383882

9600019921

\$5000:00 USD

VOID IE NOT CASHED IN 90 DAYS

To The

UNIVERSITY OF SIOUX FALLS

1101 WEST 22ND STREET

SIOUX#FALLS SD: 57105-1699

""OOOO383882" "CO41203824" 9600019921"

Payee

UNIVERSITY OF SIOUX FALLS

Vendor ID

Employee #

PO/Contract

Check No.

Date

UNIVESIOFA

ØØØØ383882

01/28/05

Payment Ref Invoice No. 642157100000 012505

Canton

Disc/Wth

-00

Pay Amount \$5000.00

Pymt Comments: Strive To Thrive Route: Mary Thoen

Sioux Falls Service Center

2.2.00

NEWOLULI ON EXTRICIOLIST ONIN

ate of 8/5/2005		Vendor (Vendor Code southdakmu		Invoice Date		6/21/2005	
Request Invoice #			Scheduled 7/20/2005		Is this a one-t	ime		
Intercompany	routina instructio	Payment ons if check	t Date			payment?		Yes No
Route Check To:							ui ess (.	designate below,
Location	Mary Thoen							
Payment is	Sioux Falls							
for:(Dropdown)		. the pa	yment for:	con	omic Developi	nent 		
If under \$1,500, do			}		es No Com			· · · · · · · · · · · · · · · · · · ·
*Reminder: Request for Payments should not be used to purchase materials and/or services. Please contact your manager or see Request for Payment guideline on webpage: http://xpressnet/acctspayable/index.htm								
Company	wsw 🔲 wsw	l Ps	c s	PS	XLS	НАҮ	OTI	HER
Payee Name		South D	akota Mur	nicip	al League			
Payee Mailing Add	ress	·	t Capitol	<u> </u>				
Payee City, State,	Zip	Sioux Fa	alls, SD 5	750	1			
General Ledger De	scription:	SDMLC	Conference	Sp	onsor		·	
Comments to Sup printed on check)	plier (to be		SDML Conference Sponsor			C&FO Workorder/ WO Task		
		1	JDE Account	t Nu	mber	VVOTASK		
BU C	Obj Acct S	Subsid	Subldg		SLT	Cost Obj & T	vpe	Amt
805002 7								\$1,000.00
							<i>-</i>	2
							5	
						8	10	ed offed
							for	0-2War
								2 11
	If more:	s lines need	ed, use addi	tion	al RFP form(s)	Total	\$1,000.00
LETTER OF UNDERST								Yes No
	Reque	stor's Inform	ation	7		Δη	rover's	Information
		ry E. Thoe			Print Name Jim Wild			
Employee Id/Acid		thnm01			Employee Id/Acid			BU C FO Delivery
Full signature (required)	Mary	4 The	oer .		Full signatur (required)	e C		all
Title	Commur	nity Relation	ons Rep		Title Mgr/Gov t. & Regulatory		egulatory Affairs	
Phone No	60	5-339-835	55		Phone No			39-8350
<u></u>				Date Signed				

Silling Foundation

Development Foundation



11-29-05 game to Pat Olson will pay on 900

Invoic

Mr. Jim Wilcox Xcel Energy PO Box 988 Sioux Falls, SD 57101-0988 Date: 11/22/2005

Inv. No.: 499 Account No.: 5532

i Description	Qiv.	Price	Amount
Hosting /SD Beef Event-Minervas	1	\$1,500.00	\$1,500.00
		Total: Paid:	\$1,500.00 \$0.00
		TOTAL DUE:	\$150000

Governor Rounds-SD Certified Beef Event-Minervas-charged to Dan S Credit Card

Please make checks payable to: Sioux Falls Development Foundation

MERGERAL LON LUTHINITIAL LOWIN

Date of 9/2 Request	2/2005	Vendor Code	cantoecode	Invoice Date				
Invoice #		Scheduled Payment Date	9/15/2005	Is this a one-time payment?	Yes No			
Intercompany i	outing instructio	ns if check is to be mail	ed to different than v		lesignate below)			
Route Check To:	Mary Thoen							
Location	Sioux Falls	Service Center						
Payment is for:(Dropdown)	Other	If other, what is the payment for:	Economic Developm	ent				
lf under \$1,500, do	es the vendor ac		Yes No Comm	nents:				
*Reminder: Request for Payments should not be used to purchase materials and/or services. Please contact your manager or see Request for Payment guideline on webpage: http://xpressnet/acctspayable/index.htm								
Company	nsw 🔀 nsm	PSC s	PS XLS	НАУОТН	ier			
Payee Name	-	Canton Economi	c Development (Corporation				
Payee Mailing Add	ress	P.O. Box 3						
Payee City, State,	Zip	Canton, SD 570	13					
General Ledger De	escription:	2005 Payment or	2005 Payment on Industrial Land Pledge 2002-2006					
Comments to Sup printed on check)	plier (to be	2005 payment on	land pledge	C&FO Workorder/ WO Task				
		JDE Accou	nt Number					
		Subsid Subld	gr SLT	Cost Obj & Type	Amt			
805002 7	23830				\$5,000.00			
If mores lines needed, use additional RFP form(s) Total \$5,000.00								
		ND BACK-UP DOCUMENT/ REES TO HAVE B/U DOCUI			Yes No			
Requestor's Information				Approver's	Information			
Print Name Mary E. Thoen		Print Name	Print Name Jim Wilcox					
Employee Id/Acid		thnm01	Employee Id/Acid	wlcj01 BU C FO Delivery				
Full signature (required)	Mary	Thoen	Full signature (required)	ACUN	Less			
Title	Commur	ity Relations Rep	Title	Mgr. Gov't. & R	egulatory Affairs			
Phone No	60	5-339-8355	Phone No	none No 605-339-8350				

Date Signed

REQUEST FOR PAYMENT FORM

		Pay Ref	Number (AP Us	e Only)	r				
of uest	1/26/2005		endor ode	WIVESIO	Inv	oice Date	1/25/200	5	
Voice#		Sch	eduled		ls t	his a one-ti	ime	7v [
Intercon	pany routing in	structions i	ment Date f check to be m	ailed to differ	pay ent than	/ment?	oit address	Yes _	_No
Route Chec			b	elow)		vendor ren		(uesigi	nate
To: Location	Sioux Fa	alls Service	Center						
Payment is for:(Dropdo	Other	T	If other, what is	the payment	Eco	onomic Dev	elopment	·	
*Reminder:	Request for Pay	ments show	for: uld not be used	to purchase r				eo cont	201110
manager or	see Request for	Payment g	uideline on web	page: http://x	pressnet	/acctspayab	le/index.htr	<u>n</u>	act your
Company	Nsw]	NSM	PSC	СНҮ	SPS	XLS		YAH	OTHER
Payee Name	9	Univ	ersity of Sioux	Falls					
Payee Mailir	ng Address	1101	West 22 nd Stre	et					
Payee City,	State, Zip	Siou	x Falls, SD 571	05-1699					
	ger Description	1 .	e To Thrive pro	gram ~	- M	arion			
Comments t printed on c	to Supplier (to be heck)	e Striv	e to Thrive						
			JDE Ac	count Number					
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805002	723830						, 	-	\$5,000.00
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			lf n	nores lines nee	ded, use	additional f			5,000.00
ETTER OF U	NDEDSTANDING	ONEUE	ND DAGGGG				Tota		
	NDERSTANDING : NG YES THE APP						X	Yes	No
		stor's Infor		1 F	-WINIE				
Print Name		lary E. Tho		Prin			Approver's Jim	Informa Clark	tion
Employee		thnm01		Nan	ne	olridd		_	

Requestor's Information
Print Name Mary E. Thoen

Employee Id/Acid Full signature (required)
Title Community Relations Rep
Phone No 605-339-8355

	Approver's Information							
Print Name	Jim Clark							
Employee Id/Acid	clrj11	BU	CFO DELIVERY					
Full signature (required)	Si	//	al					
Title	Principle Manager SD							
Phone No	605-339-8359							